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al Exams/ cleanings (twi is apply) permanent molars (thro	Rouf ough age Clea	ce visit/\$3
ice per year through ag		ning - \$0 exam - \$0
	Seal	ys - \$0 ants -\$12 per tooth
		ride - \$0 ergency Services - up to \$200 reimbursement less applicable copayment(s)
ces 80% coverage	Basi	c Services (at general dentist):
algam on posterior teetl	n) Fillin	igs (amalgam) \$8 - \$21 copayment igs (resin) \$22 - \$40 copayment
y S		Surgery: from \$35 copayment
3	Endo	odontics: root canal \$170 - \$265
enture and bridgework		copayment
actions	Perio	odontics: debridement \$80 copayment;
al Surgery		Scaling and root planing/quadrant \$90
		copayment
ys, Crowns		or Restorative(at general dentist): vn porcelain w/metal \$250 copayment +
mplete dentures es	Com	lab fee hiplete dentures upper or lower \$325
	Parti	copayment for each + lab fee ial dentures upper or lower (resin base)
	Bridg	\$375 copayment for each + lab fee ge per pontic \$250 copayment + lab fee
	enture and bridgework actions al Surgery esthesia rative 50% coverage ys, Crowns mplete dentures	Fillin Oral Endo Santure and bridgework actions al Surgery esthesia prative 50% coverage ys, Crowns mplete dentures es Compart